

# USOE CHANGE REQUEST FORM FOR COMPUTER SERVICES (CR-1 Aug 2004)

## Section 1: Change Request Information

To be completed by Requester except shaded areas, see DETAILED INSTRUCTIONS BELOW

All requests should be e-mailed by an Associate Superintendent to [dwhite@usoe.k12.ut.us](mailto:dwhite@usoe.k12.ut.us)

|                      |  |  |  |
|----------------------|--|--|--|
| Originator (Title)   |  | CR Type: <input type="checkbox"/> Change to Existing System or Project<br><input type="checkbox"/> New System or project<br><input type="checkbox"/> Other Temporary or One-Time Project |  |
| Director/Coordinator |  |  |  |
| System Name          |  |  |  |
| Or... Project Name   |  | CR No:   |  |
| Or... Other          |  | CR Log Date:   |  |
|                      |  | CR Resolved Date:  |  |
| Desired Date         |  |  |  |

**1A – Description of Change Being Requested:** (Describe the requested change. Provide attachments if additional explanation is needed.)

**1B - Proposed Solution:** (Provide your opinion regarding the best course of action, based on factors such as cost, schedule, or product quality.)

**1C – Risk Impact:** (Provide your opinion regarding the risk of not doing the change, based on factors such as cost, schedule, or product quality.)

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## Section 2: Priority Assessment (Use Service Level Agreements in Change Management Process Document)

Service Level Agreement

☐

☐ Project

☐ Other

Used:

Applications

Assigned

☐

(1)

☐

(2)

☐

(3)

☐

(4)

☐

(5)

Service Level:

☐ New Project  
Required

### 2A – Justification for Priority

## Section 3: Impact Analysis (To be completed by Computer Services or Project Management)

### 3A - List Artifacts Affected

### 5B- Overall Impact:

#### Business Assessment:

(Briefly describe the anticipated benefits, and document any changes to the workflow/operational procedures which might result from this change.)

Completed by:

Date:

#### Technical Assessment:

(Briefly describe how existing services or deliverables will be affected as a result of the requested change. Describe acceptance criteria for changed deliverables. Attach documentation such as the functional specification to illustrate, as needed.)

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|                                  |   |              |
|----------------------------------|---|--------------|
| <i>Completed by:</i>             |   | <i>Date:</i> |
| <b><u>Cost Assessment:</u></b>   | (Briefly describe changes to the Resource Plan that would result from this change.  |              |
| <b><u>Time Assessment:</u></b>   | (Briefly describe changes to the Project Schedule that would result from this change. Attach copies of existing and new schedules showing new tasks, subtasks, and milestones.) |              |
| <i>Completed by:</i>             |   | <i>Date:</i> |
| <b>3C- Potential Risks:</b>      |   |              |
| <b>3D – Management Approval:</b> | <b>Phone:</b>   | <b>Date:</b> |

**Section 4: Disposition of CCB** (To be completed by Computer Services or Project Management)

**Disposition Assigned:** ☐ Pre-Approved ☐ Approve ☐ Deny ☐ Defer ☐ More Info

**Assigned Service Level:** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ New Project Required  
(Pre-Approved)

Changes which are not approved within ten (10) work days will be considered to be rejected.

**4A – Recommendations and Communication Plan/:****4B – Action Items**

| Action Item | Due Date | Responsible | Status |
|-------------|----------|-------------|--------|
|             |          |             |        |
|             |          |             |        |
|             |          |             |        |
|             |          |             |        |
|             |          |             |        |
|             |          |             |        |
|             |          |             |        |

**4C - CCB Approval:** (Project Management Office)**CCB Date:****Section 5 - Closure****Completed****Date Completed**

- Communication to impacted parties
- Artifacts updated
- Project Plan updated

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# Instructions

- Originator fills in Section 1 (*excluding the CR number assignment, Logged Date and Resolved Date*)
  - *Specify if CR is for an existing system (including IT infrastructure) OR existing project OR other*
  - *If CR is for an existing system or project, specify the parts of the system/application needing change. Provide details in section 1. See examples below.*
  - *If CR is for a project, specify the deliverable where the change would occur.*
- PMO assigns the next available Change Request Number
- Project Management completes Section 2
- CCB completes Section 3
- Project Management completes Section 4

## Section 1 (General information)

- Provide unique description
- Enter Priority Rating
- Enter date needed by

***Examples: Forms, Reports, Data Field, Labels, Color, Business Rules, Error messages, Desired services, Desktop environment, etc.***

## Section 1A (Requester's Description of Change)

- Explain why the change is required
- Provide a narrative of any problem

***Provide business or technical justification. Provide a step by step description of any problem so that it can be reproduced by the computer services staff.***

## Section 1B (Proposed Solution)

- Provide a brief description of proposed solution

## Section 1C (Risk Impact)

- Provide a brief description of risk if change is not made

**Describe the consequence of not implementing the CR. Describe consequences of implementing the CR**

## Section 2A (Impact Analysis)

- List Artifacts affected and their owners

**Identify who performed the assessment in each sub-section.**

**List all artifacts requiring work if the change is implemented. Use *Impact Analysis For*. Place summary of impact in this section. List all new, modified or deleted artifacts**

## Section 2B (Overall Impact)

- Explain how each artifact or function is affected
- List all processes and functions affected

**Describe the following criteria:**

- **Work:** Expected number of hours to complete the change
- **Resources:** The types of resources needed and their availability. Describe conflicts with other work assignments
- **Schedule:** Estimate the amount of time in calendar weeks to implement the change. For projects, calendar days should be used.
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## Section 2C (Potential Risk)

- Identify potential risk(s)
- Obtain Project Manager's approval

## Section 2D (Track Lead Approval)

- Director of Computer Services must approve all CR's in order to be submitted to CCB for disposition

## Section 3 (Priority Assessment)

- Service Level Agreement Used
- Priority Assigned
- Justification for Priority

### **Section 3** (Disposition of CCB)

- Status
- Recommendation
- Action Items
- CCB Approval

### **Section 4** (Closure)

- Notify affected entities
- Artifacts updated
- Project Plan updated